

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL MAIL STOP RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995	Application Number		09/489,134	
	Confirmation Number		5405	
	Filing Date		January 21, 2001	
	First Named Inventor		William J. BAE	
	Group Art Unit		2162	
	Examiner Name		Ilung Q. PILAM	
	Matter Number		A8501	
	Title		SYSTEM AND METHOD FOR CREATING COMPILATIONS OF CONTEN	

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

a. ☐ Previously submitted

i. ☐ Please enter and consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statements (IDS)

iv. ☒ Petition for Extension of Time

v. ☐ Other _____

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office Fax No. (703) 872-9306 on March 21, 2005.

Ruthleen E. Uy
Ruthleen E. Uy
Reg. No. 51,361

2. MISCELLANEOUS

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months

b. ☐ Other _____

3. FEES

The USPTO is directed and authorized to charge the RCE statutory fee of \$790.00 and/or all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this transmittal letter is attached.

CORRESPONDENCE ADDRESS

Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:

WASHINGTON OFFICE
23373
CUSTOMER NUMBER

SIGNATURE OF ATTORNEY

Name Ruthleen E. Uy Registration No. 51,361

Signature *Ruthleen E. Uy* Date March 21, 2005

03/24/2005 EMDREN 00000003 194880 09489134

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PATENT APPLICATION FEE DETERMINATION RECORD			Application or Docket Number	
Effective December 29, 1999			09/489,134	
CLAIMS AS FILED - PART I				
(Column 1)		(Column 2)		
FOR	NUMBER FILED	NUMBER EXTRA		
BASIC FEE				
TOTAL CLAIMS	90 minus 20 =	70		
INDEPENDENT CLAIMS	6 minus 3 =	3		
MULTIPLE DEPENDENT CLAIM PRESENT				
* If the difference in column 1 is less than zero, enter "0" in column 2				
CLAIMS AS AMENDED - PART II				
(Column 1)		(Column 2)	(Column 3)	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	99	Minus	99	=
Independent	6	Minus	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
2				
(Column 1)		(Column 2)	(Column 3)	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
F				
(Column 1)		(Column 2)	(Column 3)	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."				
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."				
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.				

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	1260
X39=		OR	X78=	234
+130=		OR	+260=	
TOTAL		OR	TOTAL	2134

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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Effective December 29, 1999

Application or Docket Number

09/489.134

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* If the difference in column 1 is less than zero, enter "0" in column 2

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3		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY

TYPE

OR

OTHER THAN

SMALL ENTITY

TOTAL

OTHER THAN

SMALL ENTITY

TOTAL
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TOTAL
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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